Non-School-Age Children

ST. JOSEPH'S (HILL) LUTHERAN CHURCH DAYCARE CENTER
244 Koch Road, Boyertown, PA 19512
610-367-1980 / hillchurch@ptd.net
Robin Schmale, Director

Registration	2	Date	

	D	~ A Post at least	* 10 0004 7 (0005	Start Date
	<u>Day</u>	Care Agreement Effective	June 10, 2024 – June 6, 2025	
Child's Name:				

OTHER COTTENTS	353		□ Ni-+liashia	Please do not write in fees.
SUMMER SCHEDUL		Ai Tima.	☐ Not applicable	
Times child will attend:	•	Arrival Time:	Pick Up Time:	Tuition Fee \$
	☐ Tuesday	Arrival Time:	Pick Up Time:	Due Weekly, Monday
	☐ Wednesday☐ Thursday	Amival Time.	Pick Up Time:	· · · · · · · · · · · · · · · · · · ·
	☐ Friday	Amiral Time.	Pick Up Time: _ Pick Up Time:	for the current week.
	LIFILIAY	Amvar ime.	Pick Op Time.	☐ Family Discount
	····			
SCHOOL YEAR SCH			☐ Not applicable	
Times child will attend:	-	Arrival Time:	_ Pick Up Time:	Tuition Fee \$
	☐ Tuesday	Arrival Time:	Pick Up Time:	Due Weekly, Monday
	□ Wednesday	Arrival Time:	Pick Up Time:	for the current week.
	☐ Thursday	Arrival Time:	Pick Up Time:	☐ Family Discount
	□ Friday	Arrival Time:	Pick Up Time:	La runny observed
PRESCHOOL ONLY:			☐ Not applicable	
	☐ Monday	Arrival Time: 9:00 am	Pick Up Time: 11:30 am	Tuition Fee \$
	□ Tuesday	Arrival Time: 9:00 am	Pick Up Time: 11:30 am	Due Monthly, the
	□ Wednesday	Arrival Time: 9:00 am	Pick Up Time: 11:30 am	first week of each
	☐ Thursday	Arrival Time: 9:00 am	Pick Up Time: 11:30 am	month for the current
	□ Friday	Arrival Time: 9:00 am	Pick Up Time: 11:30 am	month.
ADDITIONAL FEES:	\$10.00 late fee fo	or every 10 minutes of care	after 6:00 pm.	
School District/Element	tary School Your	· Child will attend:		
age and developmental le	evel of your child		onal, spiritual, cognitive and ph	emic program appropriate for the aysical development / classroom
We acknowledge receipt	of the 2024-2025	Parent Handbook and agree	e to abide by the policies stated	in the handbook.
Signature/Date:		Print ?	Name:	
		-		
Director Signature/Date:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		n.	
			Please com	plete back of form
Parent 6 month	review Signature	e/Date	Original date of A	dmissionawal date
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